Training Purpose

Purpose:

Familiarize participants with their legal mandate for reporting suspected child abuse and neglect as well as providing information to increase their recognition and response to child abuse and neglect.

Training Objectives

Objectives

1. Know and understand the roles and responsibilities of mandated reporters under Maine Law.
2. Recognize the possible behavioral indicators of child abuse.
3. Know how to make a report of suspected child abuse and neglect.
4. Develop increased understanding of the complexity of responding to child abuse and neglect by learning of possible outcomes when abuse/neglect is found by DHHS.

PERSONAL ASSESSMENT

Welcome to the Mandated Reporter Training for Suspected Child and Adult Abuse/Neglect. Please take a moment to reflect on your questions and thoughts about this training and answer the items below.

1. What is your most pressing concern that you want to learn more about today?

2. What is something you have always wondered about the Department of Health and Human Services but never got the chance to ask?

3. What has your experience working with the Department of Health and Human Services been like so far?

4. Have you ever made a report to the adult or child protective intake units? If yes, what was it like?

5. What kinds of information will be most helpful to you in your job?

MYTH OR FACT - CHILD PROTECTIVE SERVICES

Below are statements regarding information about Child Protective Services and the people they serve. Please mark each statement with an **M** for myth and an **F** for fact. You do not have to share your answers aloud.

___Truancy is a form of neglect and should be reported to DHHS.

___
Children under age 12 cannot be left alone without adult supervision.

___DHHS caseworkers may walk into a home and decide on the spot to remove the children if they believe the children have been seriously abused/neglected.

___A mandated reporter must give his/her name when calling in a report of suspected abuse/neglect.

___The DHHS actively explores relative or kinship placements when children come into state custody.

___Spanking is against the law in the State of Maine.

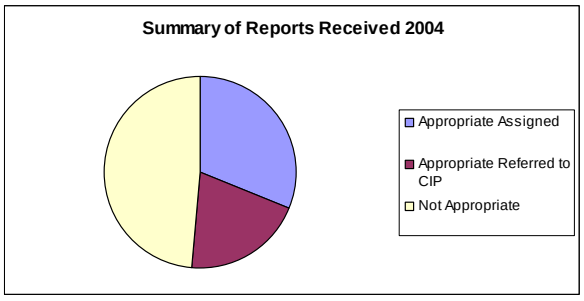
___All abuse cases must be reported to DHHS.

___Children may reach out directly to DHHS for help without obtaining parental permission.

___As a mandated reporter, I am entitled to know what happened to my report

Summary of Reports Received by Decision

	2000	2001	2002	2003	2004
Total Reports	14,993	15,589	15,820	17,199	18, 204
Appropriate Assigned	4,833	4,794	4,291	4,930	5,278
Appropriate Referred to CIP	4,116	4,901	4,664	4,185	3,421
Not Appropriate	6,044	5,894	6,865	8,084	8,212



Nationally, 60.4% of all cases of suspected Child abuse and neglect are unsubstantiated and 26.8% are substantiated.

In Maine, 50% of all cases of suspected child abuse and neglect are unsubstantiated and 50% are substantiated.

Inappropriate Referrals Received

Parent/child conflict: Children and parents in conflict over family, school, friends, behaviors with no allegations of abuse or neglect. Includes adolescents who are runaways or who are exhibiting acting out behaviors that parents have been unable to control.

Inappropriate Referrals Received

Non Specific allegations or allegations of marginal physical or emotional care which may be poor parenting practice but is not considered abuse or neglect under Maine Law.

Inappropriate Referrals Received

Conflicts over Custody and or visitation of children which may include allegations of marginal/poor care.

Inappropriate Referrals Received

Families in Crisis due to:

- financial
- physical
- mental health or
- interpersonal problems

BUT…

There are no allegations of abuse or neglect.

DHHS Response to Referrals

Response is base on factors such as:

- the seriousness/ complexity of cases receiving services
- the number of caseworkers
- availability of resources.

Current staff resources are not sufficient for DHHS to assign all of the reports of child abuse and neglect that it receives.

Contract Agencies

DHHS has contracts with private agencies to respond to reports of child abuse and neglect. This has resulted in a significant decrease in the number of reports that were not assigned for assessment.

Source of Reports Assigned

	2000	2001	2002	2003	2004
School Personnel	874	739	672	698	819
Social Services Personnel	696	718	634	648	681
Law Enforcement Personnel	586	595	590	641	694
Medical Personnel	359	363	382	484	445
Mental Health Personnel	453	481	379	480	523
Anonymous	162	261	291	359	415
Neighbor/Friend	345	378	356	415	355
Relative	364	378	384	479	467
Other	331	406	251	327	372
Self/Family	254	373	266	324	402
Child Care Personnel	71	98	80	73	85
Unknown	338	46	6	0	0

Nationally, the highest number of reports is made by educational personnel at a rate of 16.1%, followed by legal and law enforcement personnel at 15.7%.

In Maine, the highest number of reports are made by school personnel at a rate of 14% followed by social services personnel at a rate of 13%.

National Rates of Maltreatment by Type

Maltreatment Type	Child Population	Victims	Rate	# of States
Physical Abuse	72,894,483	166,920	2.3	51
Neglect	72,894,483	523,704	7.2	51
Medical Neglect	55,118,362	18,128	0.3	40
Sexual Abuse	72,894,483	88,656	1.2	51
Psychological Maltreatment	71,187,498	58,022	0.8	49
Other Abuse	51,163,475	169,465	3.3	31
Unknown	19,964,283	1,382	0.1	8

Household Type of Reports Assigned for Assessment

	2000	2001	2002	2003	2004
Two Parent Married	1,437	1,384	1,254	1370	1435
Two Parent Unmarried	627	700	630	884	909
One Parent Female	2,054	2,055	1,871	2036	2221
One Parent Male	271	301	263	300	320
Relative	146	161	146	164	182
Non Relative	32	27	16	35	37
Other	69	54	40	71	94
Unknown	27	158	7	11	10

In Maine, 48% of the reports assigned for assessment had single parent families. Of those 41% were single mothers and 7% were single fathers.

Family Stress Factors During Assessment

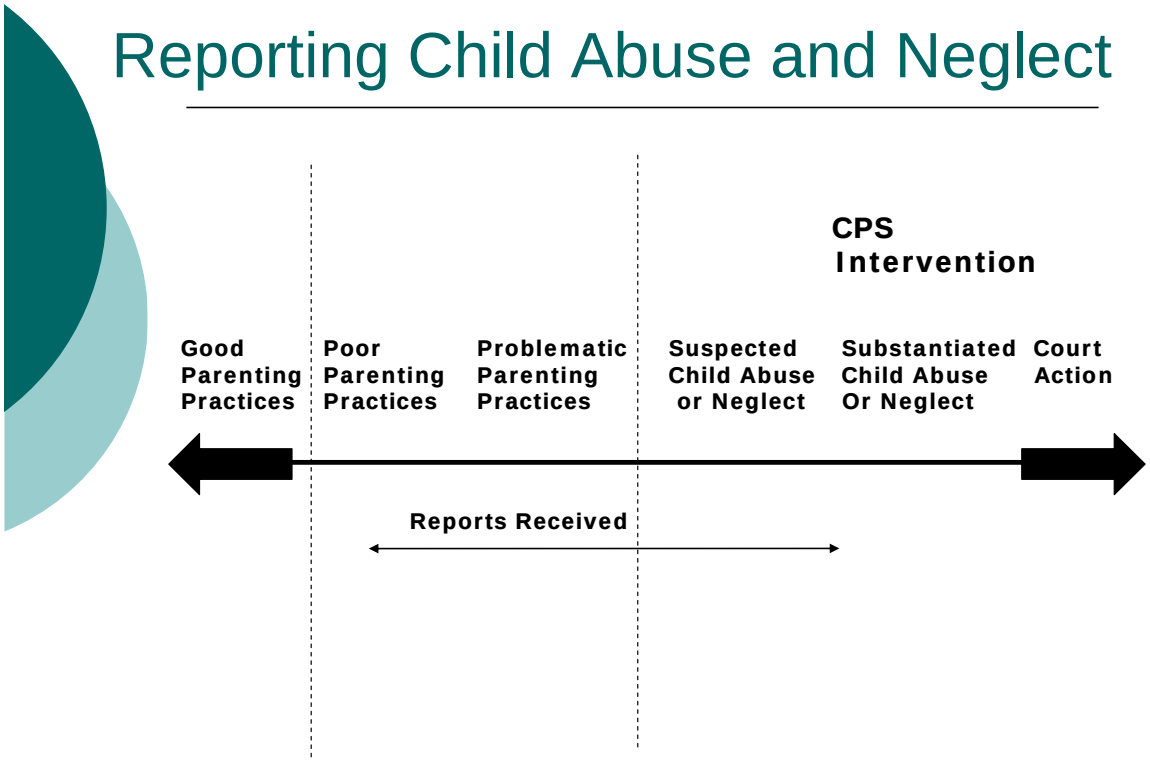
	2000	2001	2002	2003	2004
Family Violence	734	852	801	1036	952
Alcohol/Drug Use by Parent/Caretaker	893	1111	1190	1454	1431
Mental Physical Health Problem	1270	1750	1893	2358	2493
Severe Parent/Child Conflict	513	607	617	711	709
Severe Acting Out Behavior of Child	480	540	563	579	677
School Problems	455	519	539	591	615
Divorce Conflict	379	476	490	543	527
Emotionally Disturbed Child	288	372	390	535	583
Runaway	81	72	90	84	109
Alcohol/Drug Misuse by Child	95	144	138	170	194

Substantiated Victims By Sex (Male)

Male	2000	2001	2002	2003	2004
Sexual Abuse	317	296	205	220	161
Physical Abuse	676	595	505	650	494
Neglect	1343	1314	1147	1623	1247
Emotional Maltreatment	1128	1090	958	1301	924

Substantiated Victims By Sex (Female)

Female	2000	2001	2002	2003	2004
Sexual Abuse	593	506	360	354	302
Physical Abuse	602	511	485	570	458
Neglect	1256	1282	1195	1537	1277
Emotional Maltreatment	1193	1139	1001	1306	981


Reporting Child Abuse and Neglect
CPS
Intervention
Good
Parenting
Practices
Poor
Parenting
Practices
Problematic
Parenting
Practices
Suspected
Child Abuse
or Neglect
Substantiated
Child Abuse
Or Neglect
Court
Action
Reports Received

CULTURAL COMPETENCE*

1. As Mandated Reporters, you should call to make a report or run your concern by an intake worker if you are concerned about the welfare of a child.

2. The US Department of Health and Human Services offer these guidelines for culturally competent practice for Child Protective Caseworkers.

- **Cultural awareness.** Understanding and identifying the critical cultural values important to children and the family as well as to the caseworker.
- **Knowledge acquisition.** Understanding how these cultural values function as strengths in children and the family.
- **Skill development.** Matching services that support the identified cultural values and then incorporating them into appropriate interventions.
- **Inductive learning.** Seeking solutions that consider indigenous interventions as well as match cultural values to Western interventions.

3. The practice implications for CPS caseworkers include that they are asked to:

- Respect how clients differ from them;
- Avoid judgments and decision-making resulting from biases, myths, or stereotypes;
- Ask the client about a practice's history and meaning if unfamiliar with it;
- Elicit information from the client regarding strongly held family traditions, values, and beliefs, especially child rearing practices.
- Understanding the family's cultural values, principles of child development, child caring norms, and parenting strategies;
- Gaining clarity regarding the family's perceptions of the responsibilities of adults and children in the extended family and community network;
- Determining the family's perceptions of the impact of child abuse or neglect;
- Assessing each risk factor with consideration of characteristics of the cultural or ethnic group;
- Explaining why a culturally accepted behavior in the family's homeland may be illegal here.

4. Translators: We must be aware of how translators are utilized:

- Individuals who cannot communicate with caseworkers in their primary language may not be able to convey their needs or circumstances accurately.
- A child or family member may appear uncooperative, when, in reality, he or she does not fully understand what is being asked.
- Not using non-victimized children as translators because the information collected may be distressing for them.
- Not using family members or friends as translators because they may break confidentiality or pose other risks to the victim.
- Hiring bilingual staff and translating resource material to help address this issue.

*Information From: http://nccanch.acf.hhs.gov/pubs/usermanuals/supercps/supercpsh.cfm

Child Abuse and Neglect

Child Abuse and Neglect

"Abuse and neglect means a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these, by a person responsible for the child."

Title 22 MRSA, §4002

Physical Abuse

Physical Abuse

Physical injuries inflicted by a parent/caretaker; also called non-accidental trauma. These could be rated as mild, moderate, or severe.

Helping in Child Protective Services (1992)

Neglect

Neglect

Non-accidental failure or failure of a caretaker to provide a child physical, medical, or emotional necessities for normal life, growth, and development.

Helping in Child Protective Services (1992)

Emotional Maltreatment

Emotional Maltreatment

Using words or behaviors that threaten, harshly criticize, ridicule, or harass the child; withholding affection; holding unrealistic expectations; associated with all forms of child abuse.

Caring for the Abuse Affected Child and Family (2003)

Sexual Abuse

Sexual Abuse

Child abuse which results in any act of a sexual nature upon or with a child; any sexual involvement of a parent or caretaker with a child as a sexual act. Sexual exploitation is involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, are unable to give informed consent to, and that violate social taboos of family roles.

Helping in Child Protective Services (1992)

INDICATORS OF ABUSE

Physical Abuse	
Physical Indicators	**Behavioral Indicators**
Unexplained bruises and welts: On face, lips, mouth Torso, back, buttocks, thighs In various stages of healing Clustered, forming rectangular patterns, reflecting shape of article used to inflict (e.g., electric cord, belt buckle) **Unexplained Burns:** Cigar, cigarette burns, especially on soles, palms, back or bottoms Immersion burns (sock-like, glove-like, doughnut shaped on buttocks or genitalia) Patterns like electric burner, iron, etc. Robe burns on arms, legs, neck or torso Infected burns, indicating delay in seeking treatment **Unexplained fractures or dislocations:** To skull, nose, facial structure In various stages of healing Multiple or spiral fractures Unexplained lacerations or abrasions To mouth, lips, gums or eyes To external genitalia In various stages of healing **Bald patches on scalp**	Feels deserving of punishment Wary of adult contact Apprehensive when other children cry Behavioral extremes Aggressiveness Withdrawal Frightened of parents Afraid to go home Reports injury by parents Vacant or frozen stare Lies very still while surveying surroundings(infant) Responds to questions in monosyllables Inappropriate or precocious maturity Manipulative behavior to get attention Indiscriminately seeks affection Poor self-concept

INDICATORS OF ABUSE (CONTINUED)

Physical Neglect	
Physical Indicators	**Behavioral Indicators**
Underweight, poor growth pattern; e.g., small in stature, failure to thrive Consistent hunger, poor hygiene, inappropriate dress Wasting of subcutaneous tissue Unattended physical problems or medical needs Abandonment Abdominal distention Bald patches on scalp	Begging or stealing food Extended stays at school Rare attendance at school Constant fatigue, listlessness or falling asleep in class Delayed speech Inappropriate seeking of affection Does not change expression Assuming adult responsibilities and concerns Alcohol or drug use Talks in whisper or whine Delinquency (e.g., thefts) States there is no caretaker at home

Sexual Abuse	
Physical Indicators	**Behavioral Indicators**
Pain, swelling, or itching in genital areas Pain on urination Bruises, bleeding, or lacerations in external genitalia vaginal or anal areas Vaginal or penile discharge Venereal disease, especially in pre-teens Poor bowel control Pregnancy	Unwilling to change for gym or participate in physical-education class Withdrawn, fantasy, or infantile behavior Bizarre, sophisticated, or unusual sexual behavior or knowledge Poor peer relationships Delinquent or runaway Reports sexual assault by caretaker Change in performance at school

INDICATORS OF ABUSE

Emotional Maltreatment	
Physical Indicators	**Behavioral Indicators**
Speech disorders Lags in physical development Failure to thrive Hyperactive or disruptive behavior Empty facial appearance	**Habit disorders** Sucking Biting Rocking **Conduct or learning disorder** Antisocial behavior Destructive **Neurotic traits** Sleep disorders Inhibition of play Unusual fearfulness **Behavioral extremes** Child does not change expression Compliant, passive Aggressive, demanding Threatening behavior (threats to kill or harm other people) **Overly adaptive behavior** Inappropriately adult Inappropriately infantile **Developmental lags** Mental Emotional **Attempted suicide**

INFORMATION REQUIRED AT INTAKE

Maine Law specifies certain information that Professionals are required to provide.

2. Information required. The reports shall include the following information if within the knowledge of the person reporting:

A. The name and address of the child and the persons responsible for his care or custody;

B. The child's age and sex;

C. The nature and extent of abuse or neglect, including a description of injuries and any explanation given for them;

D. A description of sexual abuse or exploitation;

E. Family composition and evidence of prior abuse or neglect of the child or his siblings;

F. The source of the report, the person making the report, his occupation and where he can be contacted;

G. The actions taken by the reporting source, including a description of photographs or x rays taken; and

H. Any other information that the person making the report believes may be helpful.

Information requested during the Intake Interview.

REPORTER

- Name, address, and phone number of the reporter;
- How the reporter obtained knowledge of the allegations;
- The relationship of the reporter to the alleged child victim;
- The length of time the reporter has known of the alleged abuse or neglect;
- Whether any action has already been taken; whether the child has received medical attention or has been removed from the home; whether law enforcement has been notified; or if other professionals are involved;
- Reporter's willingness to participate further in the assessment process;
- Names, addresses, and phone numbers of other persons with first-hand information about the allegation.

PARENT CAREGIVER

- Name of parents or caregivers;
- Aliases or "Also Known As" (AKAs) of adults in family;
- Parents/Caregivers ethnicity, culture, primary language; ability to converse in English;
- Behavior and functioning level of parents/caregivers;
- Other Adults living in the home, and their relationship to family members;
- Parents/caregivers employment information;
- Whether parents/caregivers are aware of referral;
- Names and location of extended family members, friends, or neighbors, who may be helpful in intervening, or who may have relevant information about the allegation.

ALLEGED CHILD VICTIMS

- Name, age/D.O.B., gender of child;
- School and grade level;
- Primary language and ethnicity;
- Child's behavior and level of functioning: ability to protect self;
- Where and when the alleged maltreatment occurred; the type, extent, severity, duration, and frequency of alleged maltreatment, and the child's current condition;
- Current location of the child; specific address;
- Whether there have been prior suspected or documented incidents of maltreatment in the family; when, and of what nature;
- Circumstances or cause of the alleged maltreatment;
- Whether there have been any interventions by the family to reduce risk to the child.

INFORMATION REQUESTED AT INTAKE (CONTINUED)

ALLEGED PERPETRATOR

- Name, address, telephone number, and aliases or "AKAs";
- Relationship to alleged child victim;
- Age/D.O.B., gender, general level of functioning;
- Access of perpetrator to alleged child victim;
- Whether the alleged perpetrator has victimized other children inside or outside the home;
- Whether the alleged perpetrator is known to abuse drugs or alcohol;
- Whether the alleged perpetrator is known to be violent.

OTHER CHILDREN IN THE HOME

- Names of other children in the home;
- Ages/D.O.B., gender and relationship to alleged child victim

SAFETY ISSUES

- Whether there are guns, or other weapons in the home;
- Whether family members are known have engaged in assaultive or violent behavior;
- Whether the family is known to have engaged in domestic violence;
- Whether family members are known to use drugs or alcohol;
- Whether family members are believed to be involved in crack/cocaine dealing, or other criminal activity;
- Whether there are animals in the home that might pose a danger to the worker.

CHILD ABUSE AND NEGLECT INTAKE PHONE SYSTEM

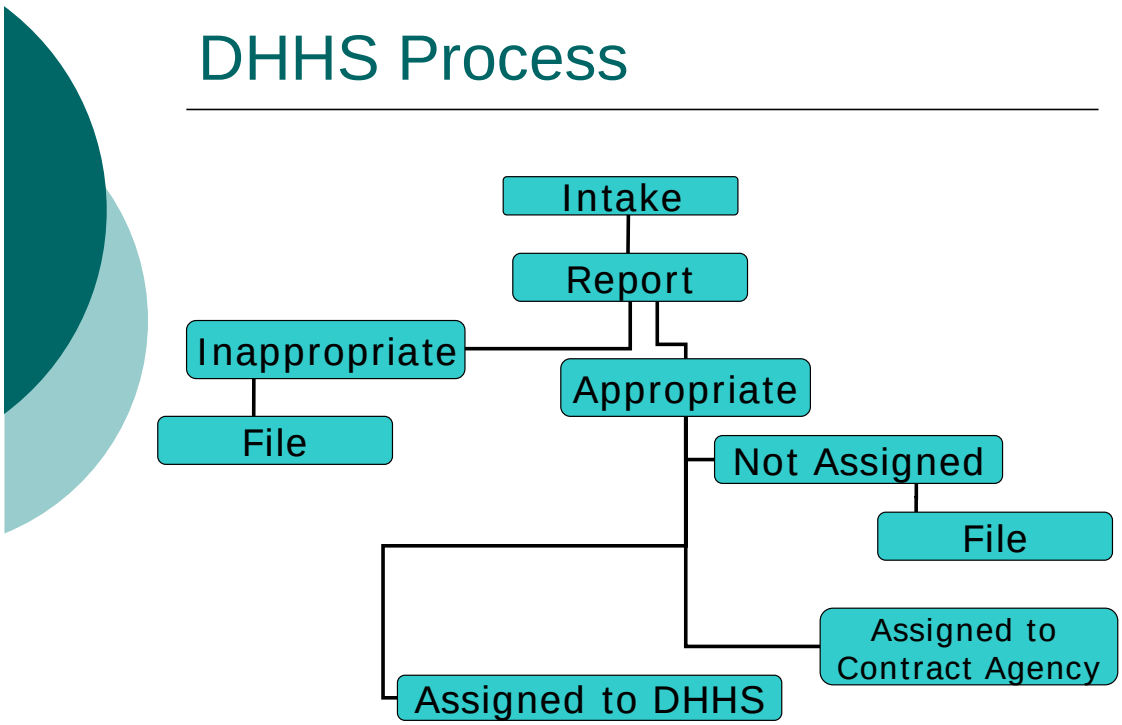
When you call the Abuse and Neglect Intake Line, 800-452-1999 or 626-8620, you will always hear a recorded greeting first indicating that you have reached the Maine Department of Human Services (Health and Human Services) Abuse and Neglect Intake Unit. The greeting instructs you to press either 1 to make a report or press 2 if you are searching for information not pertaining to abuse or neglect. As mandated reporters, you would always press 1.

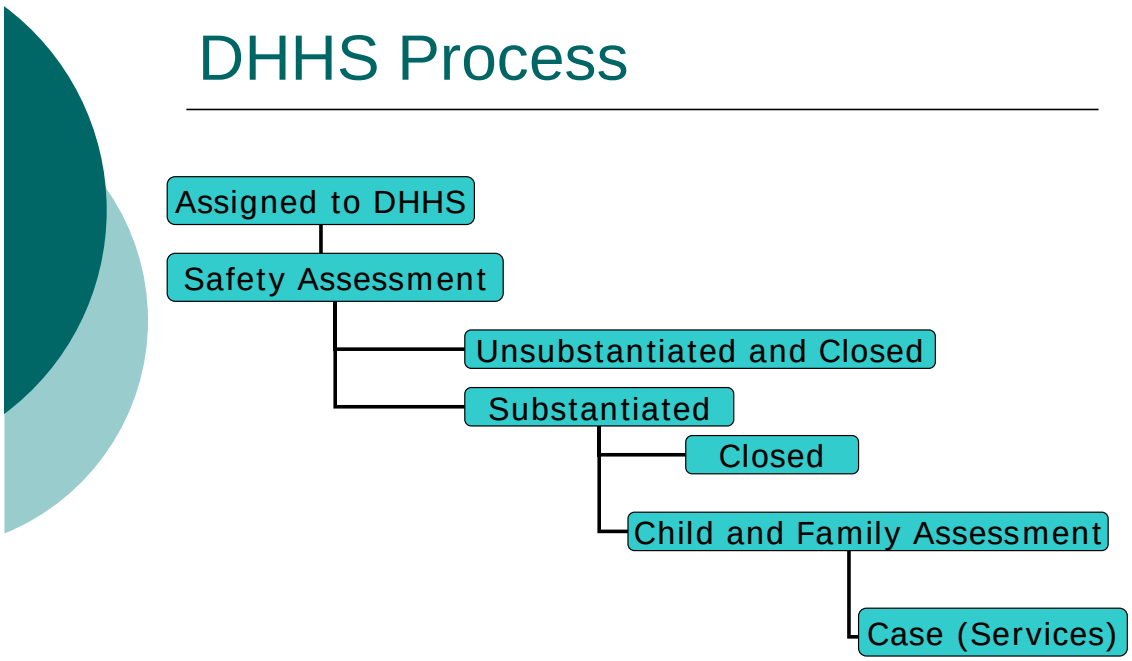
After you press 1, your call is will be answered as soon as a caseworker is available. You will hear a recorded message to please hold if all caseworkers are busy. If you are a Police officer, physician, or emergency room staff, you will be instructed to press another number when no caseworker is immediately available. As long as you don't hang up, you will be connected to a caseworker as soon as one is available.

During the time you are on hold, you will be given important information about how to report child abuse and what information is needed to complete a detailed report.

The amount of time you need to wait varies according to the time of day and the day of the week. There is a higher volume of calls in the afternoon. There are fewer caseworkers on duty evenings, nights, weekends, and holidays.

When you call intake, it may be less frustrating if you have something you can do while you are on hold. If at any time, you cannot stay on hold, you may press 0 at any time and leave a voice mail.


DHHS Process
Intake
Report
Inappropriate
Appropriate
File
Not Assigned
File
Assigned to Contract Agency
Assigned to DHHS


DHHS Process
Assigned to DHHS
Safety Assessment
Unsubstantiated and Closed
Substantiated
Closed
Child and Family Assessment
Case (Services)

DHHS Process